



61

RCE/1600

PTO/SB/30 (10-01)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/825,713 - #3131
	Filing Date	April 4, 2001
	First Named Inventor	Matthew During, et al.
	Group Art Unit	1636
	Examiner Name	K. Katcheves
	Attorney Docket No.	104036-14

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/response under 37 CFR 1.116 filed
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

iii. ☐ Other

b. ☒ Enclosed

i. ☒ Amendment and Response

ii. ☒ Supplemental Application Data Sheet

iii. ☐ Information Disclosure Statement (IDS)

iv. ☒ Other Two Articles

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other

3. **Fees** The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other

b. ☒ Check in the amount of \$ 375.00 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Thomas J. Engellenner	Registration No. (Attorney/Agent)	28,711
Signature		Date	September 3, 2003

Request for Continued Examination

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Dated: September 3, 2003

Signature: (Thomas J. Engellenner)

1251844.1

09/08/2003 MAHRED1 00000104 09825713

01 FC:2001

375.00 DP



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/825,713 - #3131
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	April 4, 2001
375.00		First Named Inventor	Matthew During, et al.
		Examiner Name	K. Katcheves
		Group Art Unit	1636
		Attorney Docket No.	104036-14

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																											
<input type="checkbox"/> Deposit Account																																													
Deposit Account Number: 141449																																													
Deposit Account Name: Nutter McClennen & Fish LLP																																													
The Commissioner is hereby authorized to: (check all that apply)																																													
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																													
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>750</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>520</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>750</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	750	375	Utility filing fee		1002	2002	330	165	Design filing fee		1003	2003	520	260	Plant filing fee		1004	2004	750	375	Reissue filing fee		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)					0.00		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
1001	2001	750	375	Utility filing fee																																									
1002	2002	330	165	Design filing fee																																									
1003	2003	520	260	Plant filing fee																																									
1004	2004	750	375	Reissue filing fee																																									
1005	2005	160	80	Provisional filing fee																																									
SUBTOTAL (1)					0.00																																								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																													
Total Claims: 15 -20** = 0 x Fee from below = 0																																													
Independent Claims: 2 -3** = 0 x Fee from below = 0																																													
Multiple Dependent: 0 x Fee from below = 0																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>2202</td><td>18</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>2201</td><td>84</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>2203</td><td>280</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>2204</td><td>84</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>2205</td><td>18</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	84	42	Independent claims in excess of 3		1203	2203	280	140	Multiple dependent claim, if not paid		1204	2204	84	42	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					0.00		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
1202	2202	18	9	Claims in excess of 20																																									
1201	2201	84	42	Independent claims in excess of 3																																									
1203	2203	280	140	Multiple dependent claim, if not paid																																									
1204	2204	84	42	** Reissue independent claims over original patent																																									
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					0.00																																								
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) 375.00																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas J. Engellener	Registration No. (Attorney/Agent)	28,711
Signature		Telephone	(617) 439-2948
		Date	September 3, 2003

Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Dated: September 3, 2003	Signature: (Thomas J. Engellener)